

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037403

9382

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 26 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY

Lemay 25

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Lutheran Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

970 Dammert

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

LUCILLE

Middle

A

Last

BURNETT

4. DATE

OF DEATH

Month

Day

Year

Sept. 17, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐

8. DATE OF BIRTH

6/30/98

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

German Town ILL.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Gerard Heet

13b. MOTHER'S MAIDEN NAME

Mary Von

14. NAME OF HUSBAND OR WIFE

William Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wm. Burnett - 970 Dammert 25 Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Liver, Post Necrotic

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia

Hyper splenism

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 63

to

Sept 63

and last saw him alive on

9-17-63

Death occurred at

1:00

PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Leo J. Mundy

22b. ADDRESS

1900 Telegraph (SS)

22c. DATE SIGNED

9-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9/20/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cem.

23d. LOCATION (City, town, or county)

Lemay 25 Mo.

24. FUNERAL DIRECTOR

ADDRESS

Fendler Und. Co. 7420 Michigan

25. DATE RECD. BY LOCAL REG.

SEP 19 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

Dr. Truico

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.